RALINGI		Island and Pro		tations Fee: \$50.00
		ivision Of Busines 148 W. River S	Street	
ecretary of Stat	P1	(401) 222-30		
Limited Liability Annual Report Filing Period: Septem				
	.I.G.L. 7-16-66(d), each l	limited liability com	pany failing or refu	ising to
ile its annual report w	vithin thirty (30) days afte act to a penalty fee of \$2	er the time prescrib		
ANNUAL REPORT Y	'EAR: <u>2011</u>			
1. ID No. <u>00050</u>	<u>19444</u>			
2. Exact Name of t	he Limited Liability Co	ompany <u>Aspen In</u>	dustries, LLC	
3. State of Formati	ion			
State: <u>RI</u> 4. Brief Description	of the Character of the	e Business Which	n is Actually Conc	ducted in Rhode Island
4. Brief Description Distributor of equip	ment and millwork	e Business Which	n is Actually Cond	ducted in Rhode Island
4. Brief Description	ment and millwork		n is Actually Conc	ducted in Rhode Island
4. Brief Description Distributor of equip	ment and millwork			
 4. Brief Description <u>Distributor of equipr</u> 5. Principal Office A No. and Street: City or Town: 	ment and millwork Address <u>99 MAIN STREET</u>	State: <u>R</u>	<u>I</u> Zip: <u>02885</u>	Country: <u>USA</u>
 4. Brief Description <u>Distributor of equips</u> 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: Cor 	ment and millwork Address <u>99 MAIN STREET</u> <u>WARREN</u> of Limited Liability Co	State: <u>R</u>	<u>I</u> Zip: <u>02885</u>	Country: <u>USA</u>
 4. Brief Description <u>Distributor of equipa</u> 5. Principal Office A No. and Street: City or Town: 6. Mailing Address 	ment and millwork Address <u>99 MAIN STREET</u> <u>WARREN</u> of Limited Liability Co	State: <u>R</u>	<u>I</u> Zip: <u>02885</u>	Country: <u>USA</u>
 4. Brief Description <u>Distributor of equips</u> 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: Corr No. and Street: City or Town: 	Ment and millwork Address <u>99 MAIN STREET</u> WARREN of Limited Liability Co Intact Title: <u>99 MAIN ST</u> WARREN ess of Each Manager o	State: <u>R</u> State: <u>R</u> State: <u>RI</u>	<u>I</u> Zip: <u>02885</u> e or Title of Conta Zip: <u>02885</u>	Country: <u>USA</u> act Person: Country: <u>USA</u>
 4. Brief Description <u>Distributor of equips</u> 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: Cor No. and Street: City or Town: 7. Name and Address 	Address <u>99 MAIN STREET</u> <u>WARREN</u> of Limited Liability Co ntact Title: <u>99 MAIN ST</u> <u>WARREN</u> ess of Each Manager of SMBERS	State: <u>R</u> State: <u>R</u> State: <u>RI</u>	<u>I</u> Zip: <u>02885</u> e or Title of Conta Zip: <u>02885</u>	Country: <u>USA</u> act Person: Country: <u>USA</u>
 4. Brief Description <u>Distributor of equips</u> 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: Cor No. and Street: City or Town: 7. Name and Addree DO NOT LIST ME 	Ment and millwork Address 99 MAIN STREET WARREN of Limited Liability Contact Title: 99 MAIN ST WARREN ess of Each Manager of MBERS Individu	State: <u>R</u> State: <u>RI</u> State: <u>RI</u>	<u>I</u> Zip: <u>02885</u> e or Title of Conta Zip: <u>02885</u> bility Company, if	Country: <u>USA</u> act Person: Country: <u>USA</u>
 4. Brief Description <u>Distributor of equips</u> 5. Principal Office A No. and Street: City or Town: 6. Mailing Address Contact Name: Cor No. and Street: City or Town: 7. Name and Addree DO NOT LIST ME Title 8. RESIDENT AGEN 	Ment and millwork Address 99 MAIN STREET WARREN of Limited Liability Contact Title: 99 MAIN ST WARREN ess of Each Manager of MBERS Individu	State: <u>R</u> State: <u>RI</u> State: <u>RI</u> of the Limited Liak nal Name tal Name tal Name tal Name	<u>I</u> Zip: <u>02885</u> e or Title of Conta Zip: <u>02885</u> bility Company, if	Country: <u>USA</u> act Person: Country: <u>USA</u> f Applicable. Address

Signed this 27 Day of October, 2011 at 2:29:43 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By MICHAEL FRIEDMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2011 State of Rhode Island and Providence Plantations All Rights Reserved